

LOUISIANA DEPARTMENT OF HEALTH & HOSPITALS

MEDICAID SERVICES CHART

September 2012

NOTE: The information listed in this document is applicable to Medicaid recipients in the fee-for-service Medicaid program. Bayou Health Plan members should contact their plan's member services with questions about how to access care (https://bayouhealth.com/LASelfService/en_US/plans.html).

MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Adult Denture Services	<i>Dentist</i>	Medicaid recipients 21 years of age and older. (Adults, 21 and over, certified as Qualified Medicare Beneficiary (QMB) only, Medically Needy Program, or other programs with limited benefits are not eligible for dental services.)	Dentures, denture relines, and denture repairs. Examination and X-rays are covered if in conjunction with the construction of a Medicaid-authorized denture.	All services other than repairs require Prior Authorization . The provider will submit requests for the Prior Authorization . Only one complete or partial denture per arch is allowed in an eight-year period. The partial denture must oppose a full denture. Two partials are not covered in the same oral cavity (mouth). Additional guidelines apply.	Cordelia Clay 225/342-7878
Appointment Scheduling Assistance – <i>See EPSDT Screening Services</i>					
Audiological Services <i>–See EarlySteps; EPSDT Screening Services; Hospital-Outpatient services; Physician/ Professional Services; Rehabilitation Clinic Services; Therapy Services</i>					
Chemotherapy Services–See <i>Hospital-Outpatient Services; Physician/ Professional Services</i>	<i>Hospital</i> <i>Physician's office or clinic</i>	All Medicaid Recipients.	Chemotherapy administration and treatment drugs, as prescribed by physician.		

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Chiropractic Services	<i>EPSDT Medical Screening Provider/PCP</i>	Medicaid recipients 0 through 20 years of age.	Spinal manipulations.	Medically necessary manual manipulations of the spine when the service is provided as a result of a referral from a EPSDT medical screening provider or Primary Care Provider (PCP).	Stephanie Young 225/342-7878
Dental Care Services - See Adult Denture Services; EPSDT Dental Services; and Expanded Dental Services for Pregnant Women					
Durable Medical Equipment (DME)	<i>Physician</i>	All Medicaid recipients.	<p>Medical equipment and appliances such as wheelchairs, leg braces, etc.</p> <p>Medical supplies such as ostomy supplies, etc.</p> <p>Diapers and blue pads are not reimbursable as durable medical equipment items. EPSDT RECIPIENTS ARE EXCLUDED FROM THIS LIMITATION.</p>	<p>All services must be prescribed by a physician and must be Prior Authorized.</p> <p>DME providers will arrange for the Prior Authorization request.</p>	<p>Sylvia Green 225/342-7878</p> <p>Cynthia Bennett 225/342-7878</p>

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EarlySteps <i>(Infant & Toddler Early Intervention Services)</i>	<i>Office for Citizens with Developmental Disabilities</i> 1-866-783-5553 or 1-866-earlystep <i>For families</i>	Children ages birth to three who have a developmental delay of at least 1.5 SD (standard deviations) below the mean in two areas of development listed below: a. cognitive development b. physical development (vision & hearing) c. -- communication development social or emotional development d. adaptive skills development (also known as self-help or daily living skills) 1. Children with a diagnosed medical condition with a high probability of resulting in developmental delay.	<u>Covered Services (Medicaid Covered)</u> -Family Support Coordination (Service Coordination) -Occupational Therapy -Physical Therapy -Speech/Language Therapy -Psychology -Audiology EarlySteps also provides the following services, not covered by Medicaid: -Nursing Services/Health Services (Only to enable an eligible child/family to benefit from the other EarlySteps services). -Medical Services for diagnostic and evaluation purposes only. -Special Instruction -Vision Services -Assistive Technology devices and services -Social Work -Counseling Services/Family Training -Transportation -Nutrition -Sign language and cued language services.	All services are provided through a plan of care called the Individualized Family Service Plan. Early Intervention is provided through EarlySteps in conformance with Part C of the Individuals with Disabilities Education Act. (IDEA).	Brenda Sharp 225/342-8853

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Expanded Dental Services for Pregnant Women (EDSPW)	<i>Medical professional providing pregnancy care and Dentist. (See Comments Section)</i>	<p>The individual must be:</p> <ol style="list-style-type: none"> 1. Medicaid eligible for full benefits* 2. Age 21 through 59 3. <u>Pregnant</u> and provide to the dentist an original or physician faxed BHSF Form 9-M completed by the medical professional providing pregnancy care. <p><u>Eligibility for the EDSPW Program ends at the conclusion of the pregnancy. The recipient must be pregnant on each date of service to be eligible for EDSPW Program services.</u></p> <p>*(Medicaid eligibles, age 21 and over, certified as Qualified Medicare Beneficiary (QMB) only, Medically Needy Program or other programs with limited benefits are not eligible for dental services.)</p>	Periodontal Exam; Radiographs (x-rays); Prophylaxis (cleaning); certain restorative services when the location of the cavity to be restored is in an area that impacts the gum tissue and affects the periodontal health of the woman; certain periodontal services; and certain oral and maxillofacial surgery services. (Specific policy guidelines apply.)	<p>Recipients must obtain a referral from the medical professional providing pregnancy care using the BHSF Form 9-M. The recipient must provide the original completed form to a participating dentist prior to receiving any dental services covered by Medicaid. Physician faxed forms are also acceptable. Participating medical professionals and dental providers should have blank copies of the referral form; however, the printable form is located online at the following website: www.lamedicaid.com</p> <p>Some EDSPW Program services must be Prior Authorized by Medicaid. The dental provider is responsible for submitting the prior authorization request for these services to Medicaid on behalf of the patient. A prior authorization approval does not guarantee patient eligibility.</p>	Cordelia Clay 225/342-7878

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EPSDT Dental Services	<i>Dentist</i>	<p>Medicaid recipients 0 to 21 years of age.</p> <p>Presumptive Eligible (Type case 12) recipients are not eligible for dental care services.</p>	<p>Bi-annual dental screening consisting of an examination, radiographs (x-rays) as appropriate, prophylaxis (cleaning), topical fluoride application and oral hygiene instruction.</p> <p>The EPSDT Dental Program provides coverage of certain diagnostic; preventive; restorative; endodontic; periodontic; removable prosthodontic; maxillofacial prosthetic; oral and maxillofacial surgery; orthodontic; and adjunctive general services. Specific policy guidelines apply.</p> <p><u>Comprehensive Orthodontic Treatment (braces) require Prior Authorization and are paid only when there is a cranio-facial deformity, such as cleft palate, cleft lip, or other medical conditions which possibly results in a handicapping malocclusion. If such a condition exists, the recipient should see a Medicaid-enrolled orthodontist. Patients having only crowded or crooked teeth, spacing problems or under/overbite are not covered for braces, unless identified as medically necessary.</u></p>	<p>Some EPSDT Dental Program services must be Prior Authorized by Medicaid. The dental provider will submit the request for Prior Authorization of these services to Medicaid on behalf of the patient. A prior authorization approval does not guarantee patient eligibility</p>	<p>Cordelia Clay 225/342-7878</p>

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EPSDT Personal Care Services <i>(See Long Term – Personal Care Services (LT-PCS) for Medicaid recipients ages 65 or older, or age 21 or older with disabilities)</i>	<i>Physician and Personal Care Attendant Agencies</i>	<p>All Medicaid recipients 0 to 21 not receiving Individual Family Support waiver services. However, once a recipient receiving Individual Family Support waiver services has exhausted those services they are then eligible for EPSDT Personal Care Services.</p> <p>Recipients of Children's Choice Waiver can receive both PCS and Family Support Services on the same day; however, the services may not be rendered at the same time.</p>	<p>Basic personal care-toileting & grooming activities.</p> <p>Assistance with bladder and/or bowel requirements or problems.</p> <p>Assistance with eating and food preparation.</p> <p>Performance of incidental household chores, only for the recipient.</p> <p>Accompanying, not transporting, recipient to medical appointments.</p> <p>Does NOT cover any medical tasks such as medication administration, tube feedings.</p>	<p>The Personal Care Agency must submit the Prior Authorization request.</p> <p>Recipients receiving Support Coordination (Case Management Services) must also have their PCS Prior Authorized by Molina.</p> <p>PCS is <i>not subject to service limits</i>. Units approved will be based on medical necessity and the need for covered services.</p> <p>Recipients receiving Personal Care Services must have a physician's prescription and meet medical criteria.</p> <p>Does not include medical tasks.</p> <p>Provided by licensed providers enrolled in Medicaid to provide Personal Care Attendant services.</p>	<p>Rene Huff 225/342-3935</p> <p>Linda Smith 225/342-6711</p>
EPSDT Psychological and Behavioral Services (PBS)	<i>PBS enrolled Psychologist</i> <i>(For a list of providers in your area, contact the Specialty Care Resource Line at 1-877-455-9955)</i>	<p>Medicaid recipients, under the age of 21, who meet the criteria for Pervasive Developmental Disorder (PDD), or other specific criteria.</p>	<p>Psychological and Behavioral Services include necessary assessments, evaluations, individual therapy and family therapy.</p>		<p>Toni Bennett 225/342-9403</p> <p>Amanda Joyner 225/342-3628</p>
Eyeglass Services - See Optical Services					

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Family Planning Clinic Services	<i>Planned Parenthood Locations</i> <i>Office of Public Health-Family Planning Clinics</i>	Female Medicaid recipients between the ages of 10 and 60.	Doctor visits to assess the patient's physical status and contraceptive practices; nurse visits; physician counseling regarding sterilization; nutrition counseling; social services counseling regarding the medical/family planning needs of the patient; contraceptives; and certain lab services.	Medicaid will reimburse the family planning clinic for routine family planning services for family planning purposes only and not treatment of other medical conditions. Referrals should be made for other medical problems as indicated. Family Planning Clinics do not provide services to pregnant women.	Cordelia Clay 225/342-7878
Family Planning Waiver Services – See Waiver Services					
Family Planning Services in Physician's Office – See Physician/ Professional Services					
Federally Qualified Health Centers (FQHC)	<i>Nearest FQHC</i>	All Medicaid recipients.	Professional medical services furnished by physicians, nurse practitioners, physician assistants, nurse midwives, clinical social workers, clinical psychologists, and dentists. Immunizations are covered for recipients under age 21.	There are 3 components that may be provided: 1) Encounter visits; 2) EPSDT Screening Services; and 3) EPDST Dental, Adult Denture Services, and Expanded Dental services for Pregnant Women.	Kimberly Cezar 225/342-7878
Hearing Aids - See Durable Medical Equipment	<i>Durable Medical Equipment Provider</i>	Medicaid recipients 0 through 20 years of age.	Hearing Aids and any related ancillary equipment such as earpieces, batteries, etc. Repairs are covered if the Hearing Aid was paid for by Medicaid.	All services must be Prior Authorized and the DME provider will arrange for the request of Prior Authorization .	Sylvia Green 225/342-7878 Cynthia Bennett 225/342-7878

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Hemodialysis Services - See Hospital-Outpatient Services	<i>Dialysis Centers</i> <i>Hospitals</i>	All Medicaid recipients.	Dialysis treatment (including routine laboratory services); medically necessary non-routine lab services; and medically necessary injections.		Gaynell Denova 225/342-7878
Home Health	<i>Physician</i>	All Medicaid recipients. Medically Needy (Type Case 20 & 21) recipients are not eligible for Aide Visits, Physical Therapy, Occupational Therapy, Speech/Language Therapy.	<ul style="list-style-type: none"> • Intermittent/part-time nursing services including skilled nurse visits. • Aide Visits • Physical Therapy Services • Occupational Therapy • Speech/Language Therapy 	<p>Recipients receiving Home Health must have physician's prescription and signed plan of care.</p> <p>PT, OT, and Speech/Language Therapy require Prior Authorization.</p>	Cynthia Bennett 225/342-7878
Home Health - Extended	<i>Physician</i>	Medicaid recipients 0 through 20 years of age.	<p>Multiple hours of skilled nurse services.</p> <p>All medically necessary medical tasks that are part of the plan of care can be administered in the home.</p>	<p>Recipients receiving extended nursing services must have a letter of medical necessity and physician's prescription.</p> <p>Extended Skilled nursing services require Prior Authorization.</p>	Cynthia Bennett 225/342-7878
Hospice Services	<i>Hospice Provider/ Physician</i>	All Medicaid recipients. Hospice eligibility information: 1-888-503-3204	Medicare allowable services.		Deloris Young 225/342-1417

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Hospital Claim Questions - Inpatient and Outpatient Services, including Emergency Room Services	<i>Physician/ Hospital</i>	All Medicaid recipients. Medically Needy (Type Case 20 & 21) under age 22 are not eligible for Inpatient <i>Psychiatric</i> Services.	Inpatient and Outpatient Hospital Services, including Emergency Room Services	All Questions Regarding Denied Claims and/or Bills for Inpatient and Outpatient Hospital Services, including Emergency Room Services	Recipients should first contact the provider, then may contact an MMIS Staff Member at 225/342-3855 if the issue cannot be resolved Providers should contact Provider Relations at 1-800-473-2783
Hospital - Inpatient Services	<i>Physician/ Hospital</i>	All Medicaid recipients. Medically Needy (Type Case 20 & 21) under age 22 are not eligible for Inpatient <i>Psychiatric</i> Services.	Inpatient hospital care needed for the treatment of an illness or injury which can only be provided safely & adequately in a hospital setting. Includes those basic services that a hospital is expected to provide.	Inpatient hospitalization requires Pre-certification and Length of Stay assignment. Hospitals are aware of this and will submit the request to the Prior Certification Unit .	Annette Passman 225/342-7878
Hospital - Outpatient Services	<i>Physician/ Hospital</i>	All Medicaid recipients.	Diagnostic & therapeutic outpatient services, including outpatient surgery and rehabilitation services. Therapeutic and diagnostic radiology services. Chemotherapy Hemodialysis	Outpatient rehabilitation services require Prior Authorization . Provider will submit request for Prior Authorization .	Gaynell Denova 225/342-7878

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Hospital - Emergency Room Services	<i>Physician/ Hospital</i>	All Medicaid recipients.	Emergency Room services.	Recipients 0 to 21 years - No service limits. Recipients 21 and older - Limited to 3 emergency room visits per calendar year (January 1 - December 31).	Gaynell Denova 225/342-7878
Immunizations <i>See FQHC; EPSDT Screening Services; Physician/Professional Services; Rural Health Clinics</i>					
<i>Child Health Screenings/Checkups)</i> (EPSDT Screening Services)	Physician	All Medicaid recipients 0 through 20 years of age.	Medical Screenings (including immunizations and certain lab services). Vision Screenings Hearing Screenings Dental Screenings Periodic and Interperiodic Screenings	Recipients receive their screening services from the primary care provider (PCP) or someone designated by the PCP.	Kimberly Cezar 225/342-7878 <i>Specialty Care Resource Line</i> (877) 455-9955

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Laboratory Tests and Radiology Services	<i>Physician</i>	All Medicaid recipients.	<p>Most diagnostic testing and radiological services ordered by the attending or consulting physician.</p> <p>Portable (mobile) x-rays are covered only for recipients who are unable to leave their place of residence without special transportation or assistance to obtain physician ordered x-rays.</p>	Some Radiology Services require prior approval. This process is accomplished thru a contractual agreement with MedSolutions. All requests for any radiology services requiring prior approval are initiated by the ordering physician. Recipients may follow up with the ordering physician for the status of any ordered radiology service.	Annette Passman 225/342-7878
Long Term -Personal Care Services (LT-PCS) <i>(See EPSDT Personal Care Services for Medicaid recipients ages 0 to 21)</i>	<i>Office of Aging and Adult Services (OAAS)</i> <i>Contact:</i> <i>Louisiana Options in Long Term Care (XEROX)</i> <i>1-877-456-1146</i>	All Medicaid recipients age 65 or older, or age 21 or older with disabilities (meets Social Security Administration disability criteria), meet the medical standards for admission to a nursing facility and additional targeting criteria, and be able to participate in his/her care and direct the services provided by the worker independently or through a responsible representative. Applicant must require at least limited assistance with at least one Activity of Daily Living.	<ul style="list-style-type: none"> -Basic personal care-toileting & grooming activities. -Assistance with bladder and/or bowel requirements or problems. -Assistance with eating and food preparation. -Performance of incidental household chores, only for the recipient. -Accompanying, not transporting, recipient to medical appointments. -Grocery shopping, including personal hygiene items. 	Recipients or the responsible representative must request the service. This program is NOT a substitute for existing family and/or community supports, but is designed to supplement available supports to maintain the recipient in the community. Once approved for services, the selected PCS Agency must obtain Prior Authorization . Amount of services approved will be based on assessment of assistance needed to perform daily living. Provided by PCS agencies enrolled in Medicaid.	Gina Rossi 225/219-0225

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Medical Transportation (Emergency)	<i>Emergency ambulance providers</i>	All Medicaid recipients.	Emergency ambulance service may be reimbursed if circumstances exist that make the use of any conveyance other than an ambulance medically inadvisable for transport of the patient.		Ronald W. Johnson 225/342-2604 Steffan Rutledge 225/342-6227
Medical Transportation (Non-Emergency)	<i>Regional Dispatch Offices</i> Dispatch Office Phone Numbers: <i>Alexandria</i> 800-446-3490 <i>Baton Rouge</i> 800-259-1944 <i>Lafayette/ Lake Charles</i> 800-864-6034 <i>Monroe</i> 800-259-1835 <i>New Orleans</i> 800-836-9587 <i>Shreveport</i> 800-259-7235	All Medicaid recipients except some who have Medicaid and Medicare.	Transportation to and from medical appointments. The medical provider the recipient is being transported to, does not have to be a Medicaid enrolled provider but the services must be Medicaid covered services. The dispatch office will make this determination. Recipients under 17 years old must be accompanied by an attendant.	Recipients should call dispatch offices 48 hours before the appointment. Transportation to out-of-state appointments can be arranged but requires Prior Authorization . Same day transportation can be scheduled when absolutely necessary.	Ronald W. Johnson 225/342-2604 Steffan Rutledge 225/342-6227

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Mental Health Clinics	<i>Contact the local Office of Behavioral Health</i>	All Medicaid recipients.	Clinic services including evaluations and assessments, treatment, and counseling services. Medication management and injections are also covered.		Amanda Joyner 225/342-3628 Toni Bennett 225/342-940
Mental Health Rehabilitation Services	<i>Contact a MHR provider. (For a list of providers in your area, contact the Specialty Care Resource Line at 1-877-455-9955)</i>	Medicaid recipients who meet the eligibility requirements for the program.	<ul style="list-style-type: none"> • Assessment • Service Planning • Community Support • Medication Management • Individual Intervention/Supportive Counseling • Group Counseling • Parent/Family Intervention-Counseling • Psychosocial Skills Group Training 	All services must be Prior Authorized .	Amanda Joyner 225/342-3628 Toni Bennett 225/342-9403
Midwife Services (Certified Nurse Midwife) - See FQHC; Physician/ Professional Services; Rural Health Clinics					
Multi Systemic Therapy	<i>Contact a MST provider. For a list of providers, contact the Specialty Care Resource Line at 1-877-455-9955</i>	Medicaid recipients who meet the eligibility requirements for the program.	<ul style="list-style-type: none"> • Assessment • Individual & Family Therapy • Peer Intervention • Crisis Stabilization 		Toni Bennett 225/342/9403 Amanda Joyner 225/342-3628

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Nurse Practitioners/ Clinical Nurse Specialists - <i>See FQHC; Physician/ Professional Services; Rural Health Clinics</i>					
Occupational Therapy Services <i>See EarlySteps; Home Health; Hospital- Outpatient Services; Rehabilitation Clinic Services; Therapy Services</i>					

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Optical Services	Optometrist, Ophthalmologist or Optical Supplier	All Medicaid recipients.	<p><u>Recipients 0 to 21</u></p> <p>Examinations and treatment of eye conditions, including examinations for vision correction, refraction error.</p> <p>Regular eyeglasses when they meet a certain minimum strength requirement. Medically necessary specialty eyewear and contact lenses with prior authorization. Contact lenses are covered if they are the only means for restoring vision.</p> <p>Other related services, if medically necessary.</p> <hr/> <p><u>Recipients 21 and over</u></p> <p>Examinations and treatment of eye conditions, such as infections, cataracts, etc.</p> <p>If the recipient has both Medicare and Medicaid, some vision related services may be covered. The recipient should contact Medicare for more information since Medicare would be the primary payer.</p>	<p><u>Recipients 0 to 21</u></p> <p>Specialty eyewear and contact lenses, if medically necessary for EPSDT eligibles requires Prior Authorization. The provider will submit requests for the Prior Authorization. A prior authorization approval does not guarantee patient eligibility.</p> <p>Prescriptions are required for all glasses/contacts. After a prescription is obtained, the recipient may see an optical supplier to receive the glasses/contacts.</p> <hr/> <p><u>Recipients 21 and over</u></p> <p>NON-COVERED SERVICES:</p> <ul style="list-style-type: none"> - routine eye examinations for vision correction - routine eye examinations for refraction error - eyeglasses 	<p>Sylvia Green 225/342-7878</p> <p>Cynthia Bennett 225/342-7878</p> <p>Stephanie Young 225/342-7878 (Optical services other than eyeglasses/eyewear)</p>
Orthodontic Services - See Dental Care Services					

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Pediatric Day Health Care (PDHC)	Physician or PDHC Agencies	Medicaid recipient 0 to 21 who have a medically fragile condition and who require nursing supervision and possibly therapeutic interventions all or part of the day due to a medically complex condition.	Nursing care, Respiratory care, Physical Therapy, Speech-language therapy, occupational, personal care services and transportation to and from PDHC facility	<p>The PDHC facility must submit the Prior Authorization request.</p> <p>In order to receive PDHC, the recipient must have a prescription from their prescribing physician and meet the medical criteria.</p> <p>PDHC may be provided up to seven days per week and up to 12 hours per day for Medicaid recipients as documented by the recipient's Plan of Care.</p> <p>Services are provided by licensed providers enrolled in Medicaid to provide PDHC services.</p> <p>The following services are not covered—before and after school care; medical equipment, supplies and appliances; parenteral or enteral nutrition; infant food or formula.</p> <p>Prescribed medications are to be provided each day by recipient's parent/guardian.</p>	Cynthia Bennett 225/342-7878

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Program of All-Inclusive Care for the Elderly (PACE)* <i>*Program available in New Orleans and in Baton Rouge area.</i>	<i>Office of Aging and Adult Services (OAAS)</i> <i>Contact:</i> <i>PACE GNO at (504)945-1531</i> <i>Franciscan PACE Baton Rouge: (225)490-0640</i>	Participants are persons age 55 years or older, live in the PACE provider service area, are certified to meet nursing facility level of care and financially eligible for Medicaid long term care. Participation is voluntary and enrollees may disenroll at any time.	ALL Medicaid and Medicare services, both acute and long-term care	<ul style="list-style-type: none"> - Emphasis is on enabling participants to remain in community and enhance quality of life. - Interdisciplinary team performs assessment and develops individualized plan of care. - Each PACE program serves a specific geographic region. - PACE programs bear financial risk for all medical support services required for enrollees. - PACE programs receive a monthly capitated payment for Medicaid and Medicare eligible enrollees. 	Allison Vuljoin 225/219-0229

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SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Pharmacy Services	Pharmacies	<p>All Medicaid recipients except some who are Medicare/Medicaid eligible.</p> <p>Recipients who are full benefit dual eligible (Medicare/Medicaid) received their pharmacy benefits through Medicare Part D.</p>	<p>Covers prescription drugs except:</p> <ul style="list-style-type: none"> Cosmetic drugs (Except Accutane); Cough & cold preparations; Anorexics (Except for Xenical); Fertility drugs when used for fertility treatment; Experimental drugs; Compounded prescriptions; Vaccines covered in other programs; Drug Efficacy Study Implementation (DESI) drugs; Over the counter (OTC) drugs with some exceptions; Narcotics prescribed only for narcotic addiction 	<p>Co-payments (\$0.50-\$3.00) are required except for some recipient categories.</p> <p>NO co-payments for recipients under age 21, pregnant women, or those in Long Term Care.</p> <p>Prescription limits: 4 per month (The physician can override this limit when medically necessary.) <i>Limits do not apply to recipients under age 21, pregnant women, or those in Long Term Care.</i></p> <p>Prior Authorization is required for <i>some</i> drug categories if the medication is not on the Preferred Drug List (PDL). Children are not exempt from this process. The PDL can be accessed at www.lamedicaid.com.</p>	<p>Amanda Caire 225/342-7878</p> <p>For general pharmacy questions: 1-800-437-9101</p>
Physical Therapy - <i>See EarlySteps; Home Health; Hospital-Outpatient Services; Rehabilitation Clinic Services; Therapy Services</i>					
Physician Assistants - <i>See FQHC; Physician/Professional Services; Rural Health Clinics</i>					

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MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Physician/ Professional Services	<i>Physician or Healthcare Professional</i>	All Medicaid recipients.	Professional medical services including those of a physician, nurse midwife, nurse practitioner, clinical nurse specialists, physician assistant, audiologist. Immunizations are covered for recipients under age 21. Certain family planning services when provided in a physician's office.	Some services require Prior Authorization . Providers will submit requests for Prior Authorization . Services are subject to limitations and exclusions. Your physician or healthcare professional can help you with this. <u>Recipients 21 and over</u> are limited to 12 outpatient visits per calendar year unless an extension is granted. Your physician or healthcare professional must request an extension if deemed necessary. <u>Recipients under 21</u> are not limited to the number of outpatient visits.	Stephanie Young 225/342-7878
Podiatry Services	<i>Podiatrist</i>	All Medicaid recipients.	Office visits. Certain radiology & lab procedures and other diagnostic procedures.	Some Prior Authorization , exclusions, and restrictions apply. Providers will submit request for Prior Authorization .	Stephanie Young 225/342-7878
Pre-Natal Care Services	<i>Physicians or Healthcare Professional</i>	Female Medicaid recipients of child bearing age.	Office visits. Other pre- & post-natal care and delivery. Lab and radiology services.	Some limitations apply.	Mary Wolf 225/342-7878
Psychiatric Hospital Care Services - See Hospital-Inpatient Services					

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MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Psychological Evaluation and Therapy Services - <i>See Early Steps; EPSDT Psychological and Behavioral Services; FQHC; Rural Health Clinics; Therapy Services-School Boards</i>					
Rehabilitation Clinic Services	<i>Physician</i>	All Medicaid recipients	Occupational Therapy Physical Therapy Speech, Language and Hearing Therapy	All services must be Prior Authorized . The provider of services will submit the request for Prior Authorization .	Cynthia Bennett 225/342-7878
Rural Health Clinics	<i>Rural Health Clinic</i>	All Medicaid recipients	Professional medical services furnished by physicians, nurse practitioners, physician assistants, nurse midwives, clinical social workers, clinical psychologists, and dentists. Immunizations are covered for recipients under age 21.	There are 3 components that may be provided: 1) Encounter visits; 2) KIDMED Screening Services; and 3) EPDST Dental, Adult Denture Services, and Expanded Dental services for Pregnant Women.	Kimberly Cezar 225/342-7878
Sexually Transmitted Disease Clinics (STD)	<i>Local Health Unit</i>	All Medicaid recipients.	Testing, counseling, and treatment of all sexually transmitted diseases (STD). Confidential HIV testing.		Stephanie Young 225/342-7878
Speech and Language Evaluation and Therapy – <i>See EarlySteps; Home Health; Hospital-Outpatient Services; Rehabilitation Clinic Services; Therapy Services</i>					

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MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Substance Abuse Services	<i>Office of Behavioral Health</i> 1-800-662-4357 <i>Physician</i>	Medicaid recipient 0 to 21 years of age	<ul style="list-style-type: none"> Individual, Group and Family Counseling Medical treatment Medical injections Psychosocial, Psychiatric, Medical, and other evaluations 	<ul style="list-style-type: none"> Services are provided by the <i>Office of Behavioral Health</i> Recipients must be diagnosed with an addictive disorder prior to receiving services 	Amanda Joyner 225/342-3628 Toni Bennett 225/342-9403
Support Coordination Services (Case Management) - Children's Choice Waiver	<i>Office for Citizens with Developmental Disabilities, Waiver Supports and Services</i> (1-866-783-5553)	Medicaid recipients must be in the Children's Choice Waiver. There is a Request for Services Registry (RFSR) for those requesting waiver services. To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care. Services available through the Waiver are identified in the waiver section of this document.	Services must be prior authorized by DHH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The support coordinator will submit requests for the Prior Authorization .	Teresa Frank 225/342-8762
Support Coordination Services (Case Management) - Community Choices Waiver	<i>Office of Aging and Adult Services (OAAS)</i> (1-866-758-5035)	Medicaid recipients must be in the Community Choices Waiver (CCW). There is a Request for Services Registry (RFSR) for those requesting CCW Waiver services. Contact Louisiana Options in Long Term Care at 1-877-456-1146.	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care.	Services must be prior authorized by DHH, <i>Office of Aging and Adult Services (OAAS)</i> . The provider will submit requests for the Prior Authorization .	Applicants/ Participants call 1-866-758-5035 Providers call Rhonda Habisretinger 225/342-1981

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MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Support Coordination Services (Case Management) - EPSDT Targeted Populations	<i>SRI (1-800-364-7828)</i> <i>Must be on the DD Request for Services Registry</i>	Must be Medicaid eligible and on the DD Request for Services Registry prior to receipt of case management services; or any Medicaid recipient 3 through 20 years of age for whom support coordination is medically necessary (Call SRI at 1-800-364-7828). To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care.	Support Coordination Services must be prior authorized by DHH, BHSF, and Waiver Compliance Section. The Support Coordination Agency will submit requests for the Prior Authorization to SRI. For other EPSDT services, see that portion of the chart.	Tara DiSandro 225/342-9201
Support Coordination Services (Case Management) - HIV	<i>Office of Public Health-HIV/Aids and HIV Support Coordination Agencies</i> <i>Office of Public Health (504)568-7474</i>	Medicaid recipient must have HIV as determined by a physician.	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care.	Services must be prior authorized by DHH, Office of Public Health (OPH) STD/HIV Program. The provider will submit requests for the Prior Authorization .	Applicants/ Participants call 504/568-7474 Providers call the Case Management Housing Coordinator at 504/568-5448

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MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Support Coordination Services (Case Management) - Infants and Toddlers	<i>Office for Citizens with Developmental Disabilities (OCDD)</i> 1-866-783-5553	Medicaid recipients must be 0 to 3 years of age and have a developmental delay or an established medical condition and eligible for the EarlySteps system contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care in EarlySteps.	Services must be authorized by EarlySteps. Authorizations are approved through the Individualized Family Service Plan (IFSP) process.	Brenda Sharp 225/342-8853
Support Coordination Services (Case Management) - New Opportunities Waiver (NOW)	<i>Office for Citizens with Developmental Disabilities, Waiver Supports and Services</i> (1-866-783-5553) <i>Complaints Line:</i> (1-800-660-0488)	Medicaid recipients must be receiving the NOW. There is a Request for Services Registry (RFSR) for those requesting waiver services. To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care. Services available through the Waiver are identified in the waiver section of this document.	Services must be prior authorized by DHH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The support coordinator will submit requests for the Prior Authorization .	Teresa Frank 225/342-8762

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MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Support Coordination Services (Case Management) – Supports Waiver	<p><i>Office for Citizens with Developmental Disabilities, Waiver Supports and Services</i> (1-866-783-5553)</p> <p><i>Complaints Line:</i> (1-800-660-0488)</p>	<p>Medicaid recipients must be in the Supports Waiver.</p> <p>There is a Request for Services Registry (RFSR) for those requesting this waiver. To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137</p>	Coordination of Medicaid and other services. The Support Coordination (Case Manager) helps to identify needs, access services and coordinate care. Some services available through this waiver are identified in the waiver section	Services must be prior authorized by DHH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The support coordinator will submit requests for the Prior Authorization .	Teresa Frank 225/342-8762
Therapy Services	<i>Recipients have the choice of services from the following provider types: Home Health; Hospital-Outpatient Services; Rehabilitation Clinic Services</i>	Medicaid recipients birth through 20 years of age.	<ul style="list-style-type: none"> • Audiological Services (Available in Rehabilitation Clinic and Hospital-Outpatient settings only.) • Occupational Therapy • Physical Therapy • Speech & Language Therapy 	<p>Covered services can be provided in the home through Home Health and Rehabilitation Clinics. Services provided by Rehabilitation Clinics can also be provided at the clinic. Services provided through Hospital-Outpatient Services must be provided at the facility/clinic. Covered services may be provided in addition to services provided by EarlySteps/EICs or School Boards if prescribed by a physician and Prior Authorized.</p> <p>All medically necessary services must be prescribed by a physician and Prior Authorization is required. The provider of services will submit requests for Prior Authorization.</p>	<p>Kimberly Cezar 225/342-6253</p> <p>NOTE:</p> <p><i>For details on services provided in Home Health, Rehabilitation Clinic, or Hospital-Outpatient settings, please refer to those sections of this Medicaid Services Chart.</i></p>

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MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Therapy Services continued	<i>EPSDT Health Services-Early Intervention Centers (EIC) or EarlySteps Program</i>	Medicaid recipients under 3 years of age.	<ul style="list-style-type: none"> • Audiological Services • Occupational Therapy • Physical Therapy • Speech & Language Therapy • Psychological Therapy 	All EPSDT Health Services through EICs and EarlySteps must be included in the infant/toddler's Individualized Family Services Plan (IFSP). If services are provided by an EIC or EarlySteps, Prior Authorization requirements are met through inclusion of services on the IFSP.	Kimberly Cezar 225/342-7878
Therapy Services continued	<i>EPSDT Health Services- Local Education Agencies (LEA) e.g. School Boards</i>	Medicaid recipients 3 through 20 years of age.	<ul style="list-style-type: none"> • Audiological Evaluation and Therapy • Occupational Therapy Evaluation and Treatment services • Physical Therapy Evaluation and Treatment services • Speech & Language Evaluation and Therapy • Psychological Evaluation including a battery of tests, interviews, and behavioral evaluations that appraise cognitive, emotional, social, and behavioral functioning and self-concept. • Psychological Therapy includes diagnosis and psychological counseling for children and their parents. 	Services are performed by the Local Education Agencies (LEA) All EPSDT Health Services must be included in the child's Individualized Education Program (IEP). If services are provided by a LEA Prior Authorization requirements are met through inclusion of services on the IEP.	Anissa Young 225/342-2173
Transportation <i>See Medical Transportation</i>					
Tuberculosis Clinics	<i>Local Health Unit</i>	All Medicaid recipients	Treatment and disease management services including physician visits, medications and x-rays.		Stephanie Young 225/342-7878

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MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
X-Ray Services - See Laboratory Tests and X-Ray Services					
<u>WAIVER SERVICES:</u>		There is a Request for Services Registry (RFSR) for those requesting any of the waiver services below.			See Specific Waiver
Adult Day Health Care (ADHC)	Office of Aging and Adult Services (OAAS) Contact: Louisiana Options in Long Term Care (1-877-456-1146)	Individuals 65 years of age or older, who meet Medicaid financial eligibility, imminent risk criteria and meet the criteria for admission to a nursing facility; or age 22-64 who are disabled according to Medicaid standards or SSI disability criteria, meet Medicaid financial eligibility and meet the criteria for admission to a nursing facility	- Adult Day Health Care services - Transition Services - Support Coordination - Transition Intensive Support Coordination	This is a home and community - based alternative to nursing facility placement.	Applicants/ Participants call 1-866-758-5035 Providers call Rhonda Habisretinger 225/342-1981

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MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Children's Choice	<i>Office for Citizens with Developmental Disabilities Districts/ Authorities/Local Regional Offices (SYSTEM ENTRY) contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137</i>	Child must be on the DD Request for Services Registry, less than 19 years old, disabled according to SSI criteria, require ICF/DD level of care, have income less than 3 times SSI amount, resources less than \$2,000 and meet all Medicaid non-financial requirements.	<ul style="list-style-type: none"> - Center Based Respite -Environmental Accessibility Adaptation -Family Training -Family Support -Crisis Support -Non-Crisis Support -Support Coordination 	<p>There is a \$16,410 limit per individual plan year. (\$1500 for Case Management balance for other services).</p> <p>* Call the Office for Citizens with Developmental Disabilities Districts/Authorities/Local Regional Offices for status on the Request for Services Registry. (See Appendix for telephone numbers)</p> <p><i>Complaints Line: 1-800-660-0488</i></p>	T. Denise Boyd 225/342-9261 or 225/342-0095
Community Choices Waiver (CCW)	<i>Office of Aging and Adult Services (OAAS)</i> <i>Contact: Louisiana Options in Long Term Care (1-877-456-1146)</i>	Individuals 65 years of age or older, who meet Medicaid financial eligibility and meet the criteria for admission to a nursing facility; or age 21-64 who are disabled according to Medicaid standards or SSI disability criteria, meet Medicaid financial eligibility, and meet the criteria for admission to a nursing facility	<ul style="list-style-type: none"> - Support Coordination - Environmental Accessibility Adaptation -Transition Intensive Support Coordination -Transition Service - Personal Assistance Services - Adult Day health Care Services - Assistive Devices and Medical - Supplies - Skilled Maintenance Therapy Services - Nursing Services - Home Delivered Meal Services - Caregiver Temporary Support Services 	This is a home and community-based alternative to nursing facility placement.	<p>Applicants/ Participants call 1-866-758-5035</p> <p>Providers call Rhonda Habisretinger 225/342-1981</p>

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MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Family Planning Waiver-TAKE CHARGE	<p><i>Any Medicaid provider who offers family planning services.</i></p> <p><i>For assistance with locating a provider call 1-877-455-9955</i></p>	Women ages 19-44 who are Louisiana residents, with an income below 200% of the Federal Poverty level, without health insurance that offers family planning services.	Covered services include a yearly physical exam, pap smear, laboratory tests, contraceptive counseling, medications, and supplies (such as birth control pills, patches, injections, IUDs and diaphragms), and voluntary sterilization.	This is a wavier program with benefits being limited to family planning services. There are no enrollment fees, no premiums, co-payments or deductibles. Mammograms and Hysterectomies are not a covered service. American Indian "638" Clinics, RHCs and FQHCs are reimbursed at fee-for-service rates.	Regina Williams 225/342-2612
New Opportunities Waiver (NOW)	<p><i>Office for Citizens with Developmental Disabilities Districts/Authorities/Local Regional Offices</i></p> <p><i>SYSTEM ENTRY contact information is located at:</i></p> <p>http://new.dhh.louisiana.gov/index.cfm/page/134/n/137</p>	Individuals three(3) years of age or older, who have a developmental disability which manifested prior to the age of 22, and who meet both SSI Disability criteria and the level of care determination for an ICF/DD.	<p>An array of services to provide support to maintain persons in the community:</p> <p>Individual Family Support, Day and Night; Shared Supports; Center Based Respite Care; Community Integration Development; Environmental Accessibility Adaptations, Specialized Medical Equipment and Supplies; Substitute Family Care Services; Supported Living; Day Habilitation; Supported Employment; Employment-Related Training; Professional Services; One Time Transitional Expense; Skilled Nursing; and Personal Emergency Response System.</p>	<p>*Call the Office for Citizens with Developmental Disabilities Districts/Authorities/Local Regional Offices for status on the Request for Services Registry. (See Appendix for telephone numbers)</p> <p><i>Complaints Line: 1-800-660-0488</i></p>	Anita Lewis 225/342-4464 or 225/342-0095

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MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Residential Options Waiver (ROW)	Office for Citizens with Developmental Disabilities Districts/Authorities/Local Regional Offices. System Entry contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137	Individuals, birth to end of life, who have a developmental disability which manifested prior to the age of 22. (Must meet the Louisiana definition of DD).	Covered services include: Support Coordination, Community Living Supports, Host Home Services, Companion Care Services, Shared Living, Respite Care-Out of Home, Personal Emergency Response System, One Time Transition Services, Environmental Accessibility Adaptations, Assistive Technology/Specialized Medical Equipment and Supplies, Transportation-Community Access, Professional Services, Nursing Services, Dental Services, Supported Employment, Prevocational Services, and Day Habilitation.	Complaints Line: 1-800-660-0488	Becky Palmer 225/342-6748
Supports Waiver	Office for Citizens with Developmental Disabilities Districts/Authorities/Local Regional Offices. System Entry contact information is located at: http://new.dhh.louisiana.gov/index.cfm/page/134/n/137	Individuals age 18 and older who have been diagnosed with a Developmental Disability which manifested prior to age 22. (Must meet the Louisiana definition of DD).	Covered services include: Support Coordination, Supported Employment, Day Habilitation, Pre-Vocational, Habilitation, Respite, and Personal Emergency Response System	Complaints Line: 1-800-660-0488	Rosemary Morales 225/342-8901

*** Exclusion from this list does not necessarily mean that a service is not covered. Please call one of the appropriate contacts for questions regarding coverage of services not listed on this chart.**